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SUBJECT: DEVELOPMENT AND EXERCISING AVIAN AND PANDEMIC RESPONSE  
PLANS IN ETHIOPIA

REF: a) STATE 50514; b) Addis 1042

11. SUMMARY: Post's inter-agency Avian Influenza Committee met March 29 to review the situation in Ethiopia with respect to a possible outbreak of Highly Pathogenic Avian Influenza (HPAI) in the country (reftel b). The GOE's recent revamping of its National Task Force for the Prevention and Control of Avian Influenza highlight that addressing other emerging zoonotic/epizootic diseases, such as Rift Valley Fever (which has occurred in neighboring Kenya and Somalia), may be a greater immediate concern for Ethiopian authorities. The government does not have plans to test their National AI Preparedness Plan but continues to support active surveillance in high risk areas throughout the country. Although HPAI has been confirmed in several states bordering Ethiopia (Sudan and Djibouti), there is no evidence of HPAI in Ethiopia. Ethiopia remains at risk for HPAI, but risk of transmission may not be as high as originally stated, largely because Ethiopia has few large-scale poultry farms, and there is no cross-border movement of poultry into Ethiopia. USAID, CDC, FAO, WHO, and DFID continue to work with the Ethiopian government to prepare for and respond to potential future AI outbreaks, through supporting surveillance, prevention, and training activities.  
END SUMMARY.

12. Emboffs, CDC, and USAID representatives reviewed the HPAI situation in Ethiopia and the region at Post's March 29 AI Committee meeting chaired by DCM (reftel b). USAID highlighted that HPAI has been confirmed in Sudan, Djibouti, Egypt and Nigeria. While Ethiopia remains at risk for HPAI, risk of transmission may not be as high as originally stated, largely because Ethiopia has few large-scale poultry farms, and most families have only 6-12 chickens on their compounds. Compounds in rural areas also tend to be widely dispersed with little inter-mixing of poultry from household to household. Additionally, and perhaps most important, there is no cross-border movement of poultry into Ethiopia.

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GOE CONDUCTING ACTIVE SURVEILLANCE  
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13. The Ethiopian government, through assistance from FAO, is conducting active surveillance of farms (both household and poultry production) around the country, with a particular focus on border areas with Sudan and Djibouti. In mid-March 2007, samples collected from a poultry disease outbreak in Ethiopia's western Benishangul-Gumuz Regional State were submitted to the National Animal Health Research Center (NAHRC). Preliminary results indicate negative findings for HPAI, although replicate samples were sent to Weibridge, UK, for further analysis.

14. Surveillance teams from the FAO and the GOE's Ministry of Agriculture and Rural Development (MOARD) are deployed throughout the country. In March, a team from Dire Dawa Veterinary Laboratory conducted active AI disease surveillance by administering

structured questionnaires in Dire Dawa Provisional Administrative Council, Harari Region; and in Shinile and Erer districts, of the Somali Region. The team visited 3 small-scale poultry farms and interviewed 84 farmers, none of whom reported observing any unusual mass die-offs or illnesses in either domestic or wild birds in the past 60 days. The team also collected information about livestock populations, veterinary infrastructure, and manpower. Surveillance teams are also briefing communities on AI risks and the need to report any bird diseases immediately to nearby agriculture offices or other designated authorities.

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PREPAREDNESS  
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¶5. A National AI Prevention and Containment Plan has been developed and disseminated by the original national AI Task Force with input from relevant groups such as government agencies, private sector, civil society, USAID, CDC, FAO, and WHO. The plan includes containment measures including vaccination of domestic poultry and culling. The plan has been costed and an implementation plan has been developed.

¶6. At this time the Government does not have plans to test the preparedness plan. However, as stated above, the government maintains active animal surveillance in key high risk areas. Through active surveillance, teams collected samples from poultry at least once in the past six months in 75-100% of target areas. Currently, on average it takes 7-12 days from the onset of "significant" deaths in poultry or wild birds associated with clinical symptoms consistent with H5N1 to the collection of clinical samples for H5 or H5N1 diagnosis by rapid diagnostic or laboratory testing. Average number of days from receipt of clinical samples from an outbreak with "significant" bird deaths associated with clinical symptoms consistent with highly-pathogenic H5N1, it takes 5 - 9 days to either confirm or rule out H5 or H5N1 avian influenza as the causative agent using a rapid diagnostic or laboratory testing.

¶7. Mission points of contact are: Judith Robb-McCord, USAID/Ethiopia Health Officer (251-11-551-88) and Carolyn Greene, CDC/Ethiopia Deputy Director for Programs (251-11-4669566).

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